

**WILLMAR POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT**

The City of Willmar is an equal opportunity employer and will not discriminate against any applicant or employee on any ground protected under federal, state or local law, including race, color, creed, religion, age, sex, national origin, ancestry, marital status, handicap, disability, membership or activity in any local commission, or status regarding public assistance, membership or non-membership in any labor organization, or any other characteristic protected under federal, state or local law. None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitation, illegal preferences, or discrimination based upon non-job-related information or protected characteristics.

Date: _____ Position Desired: _____

PERSONAL DATA

Last Name: _____ First Name: _____ Middle Name: _____

Present Address: _____

Telephone Number: Home _____ Work _____

Do you have a valid driver's license? ____Yes ____No State Issued: _____
Driver's license Number: _____ Class: _____

Are you eligible to work in the United States as a citizen or national of the United States; or an alien lawfully admitted for permanent residence; or an alien authorized by the Immigration and Naturalization Service to work in the United States? ____Yes ____No

Are you currently eligible for a peace officer license? ____Yes ____No
If yes, when does your eligibility lapse? _____ (Attach proof of eligibility)
If no, when will you be eligible to take the POST test? _____

Are you currently licensed as a peace officer? ____Yes ____No
If yes, attach a copy of your license and current renewal card.

EMPLOYMENT HISTORY

(Start with your present or most recent position)

Company Name: _____ Phone No. _____ City & State: _____

Supervisor: _____ Dates of Employment: From _____ To _____

Salary: Start _____ End _____ Position Title: _____

Brief description of your responsibilities: _____

Reason for leaving: _____

EMPLOYMENT HISTORY (CONT'D)

Company Name: _____ Phone No. _____ City & State: _____

Supervisor: _____ Dates of Employment: From _____ To _____

Salary: Start _____ End _____ Position Title: _____

Brief description of your responsibilities: _____

Reason for leaving: _____

Company Name: _____ Phone No. _____ City & State: _____

Supervisor: _____ Dates of Employment: From _____ To _____

Salary: Start _____ End _____ Position Title: _____

Brief description of your responsibilities: _____

Reason for leaving: _____

Company Name: _____ Phone No. _____ City & State: _____

Supervisor: _____ Dates of Employment: From _____ To _____

Salary: Start _____ End _____ Position Title: _____

Brief description of your responsibilities: _____

Reason for leaving: _____

Company Name: _____ Phone No. _____ City & State: _____

Supervisor: _____ Dates of Employment: From _____ To _____

Salary: Start _____ End _____ Position Title: _____

Brief description of your responsibilities: _____

Reason for leaving: _____

Have you ever been fired or disciplined by any previous employer? ____Yes ____No

If yes, explain: _____

EDUCATION

SCHOOL	NAME OF SCHOOL (LOCATION)	MAJOR AREA OF STUDY	NO. OF YEARS ATTENDED	DEGREE YES/NO
HIGH SCHOOL				
COLLEGE				
BUSINESS OR TRADE SCHOOL				
OTHER				

Average High School Grades: _____

College Grade Point Average: _____ Based on _____ Possible Points

MILITARY

Draft Classification: _____ Veteran: ____ Yes ____ No

Dates of Service: From _____ To _____

Rank: _____ Discharge Date: _____ Type of Discharge: _____

Reserve Status: _____ Branch of Service: _____

Duties & Special Training: _____

Please note other facts or skills of your background, which will be helpful in evaluating your qualifications: _____

CONVICTION RECORD

Have you ever been convicted or been given a suspended sentence, placed on probation, or been imprisoned because of any violation of the law? If so, fill in below. Do not list parking violations or juvenile offenses. If more space is needed, use a separate sheet of paper.

CHARGE	DATE	PLACE	PENALTY

SIGNATURES

This statement must be signed. Any false statement on this application is punishable by law.

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information on this application may be cause for rejection, or dismissal if employed.

(Signature)

(Date)

Please indicate how you knew about this opening: _____

CHARACTER REFERENCES

(Do not list relatives or former employers)

NAME

OCCUPATION

ADDRESS

PHONE

1. _____
2. _____
3. _____

IMPORTANT, READ BEFORE SIGNING: I authorize investigation of all statements and matters contained in this application and other information which the prospective employer may deem relevant to my employment including, but not limited to, conviction of a job related felony, misdemeanor and/or moving traffic violations.

Date: _____ Applicant's Signature: _____

Return completed application to:

**WILLMAR POLICE DEPARTMENT
ATTN: SECRETARY OF THE POLICE COMMISSION
2201 23RD STREET NE
SUITE 102
WILLMAR MN 56201**

CITY OF WILLMAR

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Willmar is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices require that you be informed that the following information, which you are asked to provide on the application for employment, is considered private data: 1. Name, 2. Home address, 3. Home phone number, 4. Conviction record, 5. Disability type. Your name, however, may become public upon consideration as a finalist for a job opening.

We ask this information for the following reasons: to distinguish you from all other applicants and identify you in our personnel files; to enable us to verify that you are the individual who makes the application; to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews; to determine if you meet the minimum age requirements (if any); to conduct proper investigations if you are applying for a position; to determine whether or not your conviction record may be a job related consideration affecting your suitability for the position you applied for; to enable us to ensure your rights to equal opportunities and to meet affirmative action goals; to meet federal and state reporting requirements; and to make processing more efficient. The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the City of Willmar and the policies, rules and regulations promulgated pursuant thereto.

FURNISHING SOCIAL SECURITY NUMBERS, DATE OF BIRTH (unless a minimum age is required), SEX, AGE GROUP, AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in City Offices who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Witness my signature that I fully understand the contents of this warning.

Signature of Applicant

Date

APPLICATION FOR VETERAN'S PREFERENCE POINTS

Eligibility:

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans. Points are awarded subject to the provisions Minnesota Statutes 43A.11, 197.455, and 197.48. To be eligible for veteran's preference points, you must:

Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who, because of the disability, is not able to qualify.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award any desired veteran's preference points without it.

Instructions:

You must supply a copy of your DD214. Disabled veterans must also supply Form FL-802 or an equivalent letter from a service retirement board. Spouse applying for preference points must supply their marriage certificate, the Veteran's DD214 and FL-802 or death certificate.

All supporting documentation must be received no later than 7 calendar days after the application

Veterans Preference Application

Veteran: ☐ Self ☐ Spouse If spouse, veteran's name: _____

Branch of Service: _____ Dates of Active Duty: from _____ to _____

Rank at Discharge: _____ Type of Discharge: _____

Date of Final Discharge: _____ Service Number: _____

Do you have a compensable service-related disability? ☐ Yes ☐ No

Type of preference requested: ☐ Veteran ☐ Disabled Veteran
☐ Spouse of Veteran ☐ Spouse of Disabled Veteran

Supporting Documentation: ☐ is attached

☐ will be submitted within 7 days of application deadline